

# STATEMENT OF DISSOLUTION

for a

## PERSONAL CAMPAIGN COMMITTEE

### CANDIDATE INFORMATION

Name	Office	District Number		
Street Address	City	State	Zip Code	Phone Number

### PERSONAL CAMPAIGN COMMITTEE SECRETARY

Name of Secretary	Phone Number		
Street Address	City	State	Zip Code

I, \_\_\_\_\_  
(Name of Candidate)

affirm that my account balance is zero, I have closed my campaign account, dissolved my campaign committee, and I will no longer be receiving contributions or making expenditures for political purposes as a candidate for the above office.

\_\_\_\_\_  
Signature of Candidate

\_\_\_\_\_  
Date

#### To File this Form

Deliver, mail, or fax to the  
Lt. Governor's Office  
Utah State Capitol, Suite 220  
Salt Lake City, UT 84114-2325  
Fax (801) 538-1133  
Please call us with any questions at  
(801) 538-1041 or  
1-800-995-VOTE (8683)  
[elections@utah.gov](mailto:elections@utah.gov)

03/08

#### For Office Use Only

\_\_\_\_\_  
Date Received